

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/7/9554

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
0		1					60						
1		1					61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7		1					67						
8		1					68						
9		1					69						
0		1					70						
1		1					71						
2		1					72						
3		1					73						
4	1						74						
5		1					75						
6		1					76						
7		1					77						
8	1						78						
9		1					79						
0		1					80						
1		1					81						
2		1					82						
3		1					83						
4	1						84						
5		1					85						
6		1					86						
7	1						87						
8							88						
9							89						
0							90						
1							91						
2							92						
3							93						
4	1						94						
5							95						
6							96						
7							97						
8							98						
9							99						
0							100						
TOTAL	6	1					TOTAL IND.						
TOTAL	1						TOTAL DEP.						
TOTAL	7						TOTAL CLAIMS						